

**YOUR ADVANTAGE:**

**Having a plan designed to work for you.**



**2019 Group Medicare Advantage (PPO) Plan  
For Medicare-eligible PEEHIP Retirees**



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# Welcome

- ① **How Medicare Works**
- ② **Getting Ready for Medicare**
- ③ **What is a Medicare Advantage Plan**
- ④ **Your Plan Benefits**
- ⑤ **Special Programs**
- ⑥ **Questions**

# How Medicare Works



# Medicare Parts A & B (Original Medicare)

## Original Medicare

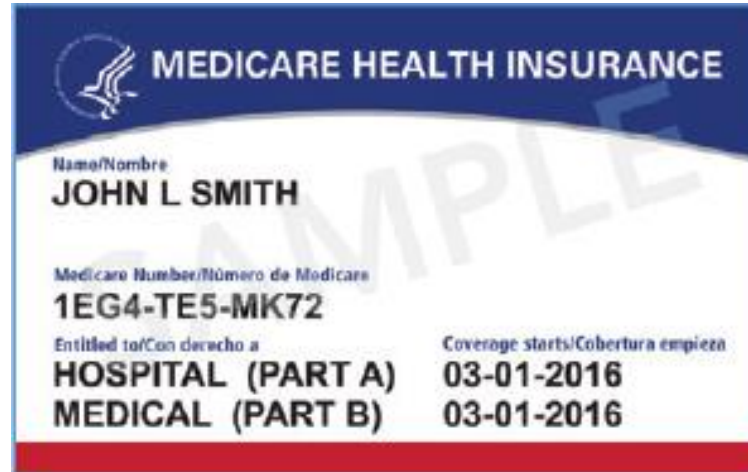
Provided by the government

PART  
**A**

**Part A** covers  
hospital stays

PART  
**B**


**Part B** covers doctor  
and outpatient visits




# Medicare Part C (Medicare Advantage Plans)

PEEHIP UnitedHealthcare® Group Medicare Advantage (PPO)  
for PEEHIP Medicare Eligible Retirees


**Medicare Advantage (Part C)**  
Offered by private companies

**PART C**  


**Part C** combines  
Part A (hospital) and  
Part B (doctor)



Provides additional benefits,  
services and programs

**PART D**  


Most plans cover  
prescription drugs

# Getting Ready for Medicare



# When are you eligible for Medicare?

## You're eligible for Original Medicare (Parts A and B) if:

- ✓ You're 65 years old, or you're under 65 and qualify on the basis of disability or other special situation

### AND

- ✓ You're a U.S. citizen or a legal resident who has lived in the United States for at least five consecutive years

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you are eligible for Medicare when you reach age 65 — regardless of your income or health status.

# REMINDER:

## Important Information about Medicare Enrollment

- ✓ It is important to know that Medicare-eligible retired members and Medicare-eligible dependents must be enrolled in Part A AND Part B of Medicare to have coverage with the UnitedHealthcare® Group Medicare Advantage (PPO) plan offered by PEEHIP.
- ✓ If you do not have both Part A and Part B, you will NOT be eligible for the Medicare Advantage plan and you will not have hospital, medical or prescription drug coverage with PEEHIP.



# TURNING 65:

## Important Information about Medicare Enrollment

*If you are retired and turning age 65,*  
you must enroll during the **Initial Enrollment Period**.

The **Initial Enrollment Period** is the first opportunity to sign up for Medicare Part A and Part B. If you are eligible for Medicare when you turn 65, you can sign up during your Initial Enrollment Period, which is a 7-month period beginning 3 months before the month in which you turn 65. The period ends 3 months after the month you turn 65. It is important to sign up early so that your Medicare is effective the first day of the month in which you turn 65.

# Important Information about Medicare Enrollment continued...

If you enroll in Medicare during the month of your 65th birthday or later during your Initial Enrollment Period, your coverage start date will be delayed and your Medicare coverage will start one month after you sign up. Also, please do not assume that you will automatically be enrolled in Medicare. If you are not drawing Social Security benefits, you will not be automatically enrolled, meaning that you must take action to enroll.

<b>3 months</b> before the month you turn 65	<b>2 months</b> before the month you turn 65	<b>1 month</b> before the month you turn 65	<b>The month</b> you turn <b>65</b>	<b>1 month</b> after the month you turn 65	<b>2 months</b> after the month you turn 65	<b>3 months</b> after the month you turn 65
Sign up early to avoid a delay in coverage. To get Part A and/or Part B the month you turn 65, you must sign up during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to sign up for Part A and/or Part B, your coverage will be delayed.			

# Turning 65

You must request to enroll in Medicare 3 months prior to turning 65

**90 days prior to you turning 65 you will need to make contact with the Social Security Administration to ensure that you are enrolled in Medicare Part A and Part B effective the first of the month of your 65<sup>th</sup> birthday.**

**Your Medicare eligibility date depends on your birth date:**

- ✓ If your birth date falls on the first day of the month, your eligibility date will be the first of the month prior to your birth month.
- ✓ If your birth date falls on any other day of the month, your eligibility date will be the first day of your birth month.

# Sign up for Medicare

- ✓ Go online to: [www.ssa.gov/benefits/medicare](https://www.ssa.gov/benefits/medicare)
- ✓ Call 1-800-772-1213,  
or
- ✓ Visit your local Social Security office

# Timing matters



**If you do not enroll in Medicare Part A and Part B when you become eligible, you will not be eligible for the UnitedHealthcare® Group Medicare Advantage plan offered by PEEHIP and will no longer have PEEHIP hospital medical or prescription drug coverage.**

**If you have family coverage and do not have Medicare Parts A and B, you will disenroll your entire family from any PEEHIP hospital medical coverage and prescription drug coverage.**

**NOTE:** You will not be permitted to re-enroll in PEEHIP coverage until the next Open Enrollment Period. PEEHIP's Open Enrollment Period is July 1<sup>st</sup>-August 31<sup>st</sup> for an October 1<sup>st</sup> effective date.

# What to expect next

1. PEEHIP will mail you a **UnitedHealthcare® Plan Guide** 2 to 3 months prior to your 65th birthday with detailed benefit information along with an opt-out form and other informational letters explaining next steps.
2. After Medicare approves your enrollment, UnitedHealthcare will send you a **confirmation of enrollment letter, an ID card and a Welcome packet** with all of your UnitedHealthcare plan documents.
3. After your effective date, you will receive a **call from UnitedHealthcare** welcoming you to the plan. You will also receive a **call asking if you would like to take a simple health survey.**

# Plan Benefits offered by UnitedHealthcare®

PEEHIP

Medicare Advantage Group (PPO) Plan



# Your Medicare Advantage plan



## The advantages of a single plan.

Medicare Advantage (Part C) plans are provided through private insurers, like UnitedHealthcare.



### All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



### All the benefits of Part B

- Doctor's visits
- Outpatient care
- Screenings and shots
- Lab tests



### Prescription drug coverage

- Included in many Medicare Advantage plans



### Additional benefits, programs and features

- May be bundled with the plan



# TRICARE and other Insurance

- TRICARE® for Life (TRICARE® + Medicare)
  - TRICARE for Life beneficiaries can enroll in Medicare Advantage plans and TRICARE will reimburse your copayments for services covered by TRICARE . TRICARE pays secondary to the Medicare Advantage plan.
  - You cannot use Medicare or Medicare Advantage in a Military Treatment Facility, like a VA Hospital.
  - TRICARE beneficiaries have a robust pharmacy benefit and typically don't need additional prescription drug coverage.
- If covered by another Employer Group Health Plan. It is important to check with them before enrolling in one of these Medicare Advantage plans.
  - Federal Employee Health Benefit Plans (FEHBP)
  - Other former employer retiree group health plans

# Your Plan Benefits



# Your plan overview (National PPO)

## Getting the health care coverage you may need

- ✓ Coverage for visiting doctors, clinics and hospitals in one plan.
- ✓ Prescription drug coverage.
- ✓ Vision, hearing and chiropractic coverage.
- ✓ No referral needed to see a specialist.
- ✓ You can see doctors outside the network for the same cost share as in-network providers as long as the provider accepts Medicare and the UnitedHealthcare plan.

# Your doctors (National PPO)

- ✓ Large network of doctors, specialists and hospitals.
- ✓ There's a chance your doctor is already part of our network. To find out, consult our online Provider Directory at [www.UHCRetiree.com/PEEHIP](http://www.UHCRetiree.com/PEEHIP).
- ✓ If your doctor is in the network, he or she must accept this plan if you are a current patient. If your doctor is not in our network, he or she may choose not to treat you unless it is an emergency.
- ✓ If you need help finding a doctor, we're here to help. Just call us.

# Benefit Highlights

Benefit Coverage	In-network	Out-of-network
<b>2018/2019 Medicare Part B annual deductible</b>	\$183 combined for in and out of network	
<b>Primary care provider (PCP) office visit</b>	\$13	\$13
<b>Specialist office visit</b>	\$18	\$18
<b>Urgently needed care</b>	\$18	\$18
<b>Emergency room</b>	\$35	\$35
<b>Inpatient hospitalization</b>	\$200 co-pay, day 1 \$25 co-pay, days 2-5 \$0 co-pay thereafter	\$200 co-pay, day 1 \$25 co-pay, days 2-5 \$0 co-pay thereafter

# Benefit Highlights

Benefit Coverage	In-network	Out-of-network
Annual routine physical	\$0 copay	\$0 copay
Annual wellness visit	\$0 copay	\$0 copay
Immunizations (flu, pneumonia, shingles)	\$0 copay	\$0 copay
Breast cancer screening	\$0 copay	\$0 copay
Colon screening	\$0 copay	\$0 copay

## What's the difference?

### Annual Wellness Visit (Medicare-covered)

An annual visit with your doctor focuses on creating or updating a personal wellness plan for the coming year. Your wellness plan would include a preventive screening checklist, a review of your medical and family history and a list of health risk factors and treatment options for you.

### Annual Routine Physical (non Medicare-covered BUT covered by UnitedHealthcare)

It is often done at the same time as an Annual Wellness Visit and includes some of the same things like a review of your medical and family history and a recommendation on screenings and shots. However, in addition, the Annual Routine Physical includes a check of your vital signs (blood pressure, heart rate, respiration, etc.), and a physical exam (listening to your heart, lungs, checking your abdomen and reflexes and evaluating your skin, ears, mouth and eye sight).

# Your Prescription Drug coverage

- ✓ More than 68,000 network pharmacies nationwide — all national drugstore chains and many independent neighborhood pharmacies are included.
- ✓ Thousands of covered brand name and generic prescription drugs.
- ✓ Bonus drug coverage in addition to Medicare Part D drug coverage.
- ✓ Check your plan's drug list or call Customer Service to see if your prescription drugs are covered.
- ✓ You will be notified by mail if your drug coverage changes. Such instances may include:
  - ✓ the drug copay tier
  - ✓ drug may no longer be covered
  - ✓ new quantity limits
  - ✓ prior authorization
  - ✓ step therapy

## You may also be eligible for extra help with the cost of prescriptions

- ✓ [www.ssa.gov/benefits/medicare/prescriptionhelp](http://www.ssa.gov/benefits/medicare/prescriptionhelp)

# Prescription Drug Benefits

Tier	Prescription Drug Type	Network Retail Pharmacy Retiree Costs (up until Catastrophic phase)		
		Maintenance & Non-Maintenance Drugs (30-day supply)	Maintenance Drugs (31-60 day supply)	Maintenance Drugs (61-90 day supply)
<b>Tier 1</b>	Generic	\$6	\$12	\$12
<b>Tier 2</b>	Preferred Brands	\$40	\$80	\$120
<b>Tier 3</b>	Non-Preferred Brands	\$60	\$120	\$180
<b>Tier 4</b>	Specialty Drugs	\$60	\$120	\$180



# Other Important Information About Your Benefits

**You have the right to request a coverage determination if your drug is denied or is not covered on the formulary**

- ✓ If you are asking for a standard coverage determination, you can do so by submitting a written request or calling UnitedHealthcare Customer Service; Your provider may be contacted by UnitedHealthcare to provide additional information.
- ✓ If your health requires a quick response, you may ask for a “fast” coverage determination. This can be done in writing or you may call UnitedHealthcare.
- ✓ Decisions for a “fast coverage determination” are made within 24 hours of when we receive your request or receive supporting information from your doctor.
- ✓ Decisions for a “standard coverage determination” if you have not yet received your drug are made within 72 hours after we receive your request or receive supporting information from your doctor.
- ✓ Refer to your Evidence of Coverage for more information on appeals.
- ✓ More information is available at the UnitedHealthcare table or contact Customer Service.

# Special Programs



# Live your best life with these healthy programs.



## **NurseLine<sup>1</sup>**

Speak to a nurse 24/7.



## **Solutions for Caregivers<sup>5</sup>**

Help caring for your loved ones.



## **HouseCalls<sup>2</sup>**

Get an in-home care visit.



## **Renew by UnitedHealthcare<sup>®6</sup>**

Find tips for more positive living online in the Health & Wellness tab.



## **SilverSneakers<sup>®3</sup>**

Stay active with a fitness membership.



## **Virtual Visits**

Connect with a doctor or behavioral health specialist from your computer or device.



## **hi HealthInnovations<sup>®4</sup>**

Get discounts on hearing aids.

Virtual Doctor Visits are no additional cost to you, while Behavioral Health Visits include an \$18 copay.

# UnitedHealthcare® HouseCalls

**Over 98% member satisfaction with HouseCalls<sup>1</sup>**

- ✓ An annual in-home wellness visit.
- ✓ No additional cost.
- ✓ Annual health program designed to work with your doctor's care (does not take its place).
- ✓ Members then receive a phone call to schedule an appointment.
- ✓ A health care Practitioner will visit you in your home.
- ✓ Includes a review of medical history and current medications.
- ✓ A chance to ask questions and prepare for your next visit.
- ✓ You will receive a summary after the visit. If agreed upon by you, your doctor will also receive a summary.
- ✓ After completing the appointment you will automatically be sent a gift card.



December 2014 HouseCalls Member Survey Data

# Calls from UnitedHealthcare

**You may receive phone calls from UnitedHealthcare for a variety of reasons including:**

- ✓ A Welcome to UnitedHealthcare call.
- ✓ A Health Risk Assessment (required by Medicare).
- ✓ HouseCalls.
- ✓ Preventive care/screening reminders (if you haven't had one):
  - Colon Cancer
  - Breast Cancer
  - Flu shot
  - Osteoporosis
  - Rheumatoid Arthritis
- ✓ Diabetes support.
- ✓ Medication refill reminders.

# Important Resources



# UHCRetiree.com/PEEHIP

After your coverage begins, register online at [UHCRetiree.com/PEEHIP](https://UHCRetiree.com/PEEHIP)

- ✓ Look up your latest claim information.
- ✓ Review benefit information and plan materials.
- ✓ Review your personal health record.
- ✓ Print a temporary member ID card and request a new one.
- ✓ Search for network doctors.
- ✓ Search for drugs and see how much they cost under your plan.
- ✓ Learn about health and wellness topics and sign up for healthy challenges based on your interests and goals.
- ✓ Sign up to get your Explanation of Benefits online.

The screenshot displays the UHCRetiree.com/PEEHIP website. At the top, a banner image shows an elderly couple walking outdoors. Below the banner, the heading "Coverage for PEEHIP Retirees" is followed by a welcome message and a paragraph explaining that PEEHIP Medicare eligible retirees may be eligible to enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) Plan - With Prescription Drug Coverage. To the right of the banner, there is a "Questions? We're here to help. Contact us" link and a prominent "Enroll in a plan" button. Below the banner, the website is organized into several sections: "What are my plan benefits?" with a link to "Review plan benefits and costs"; "Do I have prescription drug coverage?" with a link to "Understand prescription drug coverage options"; "How do I find a provider?" with a link to "Find a provider"; and "How do I enroll in a plan?" with links to "Education Meeting presentation (1.2 MB)" and "Enroll in a plan". At the bottom, there is a "Need additional information?" section with a link to "Find & learn". On the right side, there is a "Group retiree benefits for PEEHIP" section with a link to "Back to uhcretiree.com" and an "IMPORTANT DATES" section for the 2018-2019 PEEHIP Open Enrollment Period, listing online and paper enrollment periods and their end dates.

**Coverage for PEEHIP Retirees**

Welcome!  
As a PEEHIP Medicare eligible retiree, you may be eligible to enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) Plan - With Prescription Drug Coverage. Learn more about benefits, enrollment and accessing care from your doctor.

**What are my plan benefits?**  
View plan details and costs, and see what additional benefits may be available.  
[Review plan benefits and costs »](#)

**Do I have prescription drug coverage?**  
Your plan offers prescription drug coverage. Learn about your options.  
[Understand prescription drug coverage options »](#)

**How do I find a provider?**  
Get information on how to receive medical services from your provider.  
[Find a provider »](#)

**How do I enroll in a plan?**  
Learn about the enrollment process and what you need to do to enroll.  
[Education Meeting presentation \(1.2 MB\)](#)  
[Enroll in a plan »](#)

**Need additional information?**  
Learn more about the Medicare program, file an appeal or grievance, report fraud or abuse and get contact information.  
[Find & learn »](#)

**Questions? We're here to help. Contact us ▶**

**Enroll in a plan ▶**

**PEEHIP**

**Group retiree benefits for PEEHIP**

If you're not a PEEHIP retiree, click the link below.  
[Back to uhcretiree.com »](#)

**IMPORTANT DATES**

**2018-2019 PEEHIP Open Enrollment Period**

**Online Enrollments:**  
Begin: July 1, 2018  
End: September 10, 2018

**Paper Enrollments:**  
Begin: July 1, 2018  
End: August 31, 2018  
Effective October 1, 2018

# Important Resources

Resource	What they can help with	Contact
<b>UnitedHealthcare Customer Service</b>	<ul style="list-style-type: none"> <li>• Plan questions</li> <li>• Benefits</li> <li>• Doctor/provider look-up</li> <li>• Pharmacy look-up</li> <li>• Claims</li> <li>• Wellness Programs</li> <li>• Prior Authorizations</li> </ul>	1-877-298-2341, TTY 711 8 a.m. – 8 p.m., local time Monday – Friday <a href="http://www.uhcretiree.com/PEEHIP">www.uhcretiree.com/PEEHIP</a>
<b>NurseLine</b>	<ul style="list-style-type: none"> <li>• Answers member's health related questions or concerns</li> </ul>	1-855-202-0710 24 hours/day, 7 days a week
<b>Renew Rewards</b>	<ul style="list-style-type: none"> <li>• Redeem rewards</li> </ul>	1-888-219-4602, TTY 711, 7 a.m. – 9 p.m. CT Monday – Friday Saturday 9 a.m – 2 p.m CT <a href="http://www.myuhcmedicare.com/rewards">www.myuhcmedicare.com/rewards</a>
<b>hi HealthInnovations®</b>	<ul style="list-style-type: none"> <li>• Discounts on hearing aids</li> </ul>	1-855-523-9355, TTY 711, 9 a.m. – 5 p.m. CT, Monday – Friday <a href="http://www.hiHealthInnovations.com/medicare">www.hiHealthInnovations.com/medicare</a>
<b>SilverSneakers®</b>	<ul style="list-style-type: none"> <li>• Fitness program</li> </ul>	<b>1-888-423-4632, TTY 711,</b> 8 a.m. – 8 p.m. ET, Monday – Friday; <b><a href="http://www.silversneakers.com">www.silversneakers.com</a></b>



# Questions



# Thank You



# Additional Information

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, and/or copayments/coinsurance may change on January 1 of each year.

**Formularies and/or provider/pharmacy networks disclaimer** The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

# Additional Information

<sup>1</sup> This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

<sup>2</sup> HouseCalls may not be available in all areas.

<sup>3</sup> Consult a health care professional before beginning any exercise program. Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018 Tivity Health, Inc. All rights reserved. At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

<sup>4</sup> The products and services described here are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare® Group Medicare Advantage (PPO) plan grievance process.

<sup>5</sup> Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement

of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

<sup>6</sup> Renew by UnitedHealthcare® may not be available in all areas.

# Additional Information

**The company does not treat members differently because of sex, age, race, color, disability or national origin.**

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

- **Online:** UHC\_Civil\_Rights@uhc.com

- **Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

- **Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue. SW Room 509F, HHH Building, Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCION: Si habla espanol (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposicion. Llame al numero de telefono gratuito que aparece en su tarjeta de identificacion.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다.

귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

# Additional Information

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском** (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيهه: إذا كنت تتحدث العربية (Arabic) فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項: 日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجهه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

यान द: य"द आप !हंद% (Hindi) बोलते है, आपको भाषा सहायता सेबाएं, !न:शु#क उपल\$ध ह"। कृपया अपने पहचान प" पर सूचीब& टोल

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